

# USE THIS FORM FOR CRAFTS

THE CLEVELAND MUSEUM OF ART  
FIFTIETH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE  
MAY 1 to JUNE 16, 1968

Born in Cleveland ☐ YES ☒ NO  
Entered Previous May Shows? ☒ YES ☐ NO

PLEASE  
LETTER  
PLAINLY  
OR TYPE

Collaborator \_\_\_\_\_ Artist KAREN SWANSON  
Permanent Address 1810 KEMERY RD. AKRON 44313 SUMMIT Tel. 666-5724  
STREET CITY ZIP COUNTY  
Student Temporary Address \_\_\_\_\_  
STREET CITY ZIP COUNTY

Collect return shipment desired. ☐ YES ☒ NO Return address \_\_\_\_\_

Please bring Registration Fee of \$2.00 (Cash or Check) with your entries.

CLASS <u>5</u>	MEDIUM <u>HANDWEAVING</u>	CLASS <u>5</u>	MEDIUM <u>HANDWEAVING</u>	CLASS <u>5</u>	MEDIUM <u>MACRAMÉ</u>												
TITLE <u>NUCLEUS ON SUPERELLIPSE</u>		TITLE <u>TAPESTRY IN BLACK AND WHITE</u>		TITLE <u>SPACE DIVIDER</u>													
DESCRIPTION & DIMENSIONS <u>CIRCULAR HANGING 20" X 22"</u>		DESCRIPTION & DIMENSIONS <u>HANGING 19 1/2" X 53"</u>		DESCRIPTION & DIMENSIONS <u>SCREEN OR DIVIDER 3' X 7' 3"</u>													
NUMBER FOR SALE <u>NONE</u>	NUMBER IN EDITION (GRAPHIC PRTS.) _____	PRICE <u>NFS</u>	NUMBER FOR SALE <u>1</u>	NUMBER IN EDITION (GRAPHIC PRTS.) _____	PRICE <u>\$110.</u>												
Artist <u>KAREN SWANSON</u> FIRST NAME LAST NAME		Artist <u>KAREN SWANSON</u> FIRST NAME LAST NAME		Artist <u>KAREN SWANSON</u> FIRST NAME LAST NAME													
2256		2257		2258													
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DO NOT WRITE IN THIS SECTION		DO NOT WRITE IN THIS SECTION		DO NOT WRITE IN THIS SECTION													

This entry blank must be fully made out (typewritten or plainly lettered for catalog purposes) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1968.

It is also understood that accepted entries will remain on exhibition until June 16 1968.

The submission of entries will be construed as acceptance of all conditions printed in the entry information.

Karen Swanson  
SIGNATURE

X Karen Swanson

RETURN DATES FOR OBJECTS - Monday through Saturday 9 a.m. - 4:45 p.m. at Museum Service Entrance

SUBMIT ENTRIES WITH ENTRY BLANK AND  
FEE MARCH 9 THROUGH MARCH 16, 1968

Submit one entry blank in triplicate per person. One copy, complete with juror's marks, will be returned to you as notification of acceptance or rejection. THIS COPY IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This form in triplicate is made up of N C R paper which does not require carbon.

G.B. 5-10-68  
2.00  
REJECTED: May 6 - May 11  
ACCEPTED: June 24 - June 29